

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

PLACE OF BIRTH:

Gila

State

ARIZONA

County

Township

City

No.

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ If child is not yet named, make supplemental report, as directed.

Full name of child

MILLER

Sex  
Male

M If plural births

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of birth June 17, 1894, 193

5. Number, in order of birth

Full term

mate?

(Month, day, year)

Full name

FATHER

18. Full maiden name

MOTHER

Alice Miller

19. Residence (usual place of abode)  
(If nonresident, give place and State)

19. Residence (usual place of abode)  
(If nonresident, give place and State)

20. Color or race

21. Age at last birthday (years)

20. Color or race

21. Age at last birthday (years)

22. Birthplace (city or place and State or country):

22. Birthplace (city or place and State or country):

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

If stillborn, period of gestation months or weeks

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born prematurely at \_\_\_\_\_ m. on the date above stated.

(Born alive or stillborn)

(Signed) B. G. Fox

M. D.

or

Midwife

When there was no attending physician or midwife, then the father, householder, should make this return.

Name added from supplemental report

(Date of)

Address

Filed 9-29-1894, 193

Registrar.

Registrar.

949-617-149